

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/533,381 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1					53					
4	1						54					
5							55					
6		1					56					
7		1					57					
8			1				58					
9				1			59					
10				1			60					
11					1		61					
12						1	62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		2		2							
TOTAL DEP.	5		2		2							
TOTAL CLAIMS	7		4									